

# National policy of care versus the informal caregiver statute: a case study on public care policies in Portugal and Brazil

*Política nacional de cuidados versus estatuto do cuidador informal: um estudo de caso sobre as políticas públicas do cuidado em Portugal e no Brasil*

Marcela Uchôa\*

*University of Coimbra, Coimbra, Portugal*

Jonas Van Vossole\*\*

*University of Coimbra, Coimbra, Portugal*

## 1. Introduction

In recent years, much has been heard about the crisis of care, usually associated with the difficult balance between time, family, and work. The collapse of mental health, related to processes of emotional exhaustion triggered by pressures from various directions, are today limiting various essential social capacities such as gestating, creating, caring for friends and family, maintaining homes and communities, among others.

Social reproduction work can be understood as affective and material labour that is often unpaid, even though it is indispensable to society. Historically attributed to women, although men have always taken part, social

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\* Doutora em Filosofia Política pela Universidade de Coimbra. Pesquisadora do Instituto de Estudos Filosóficos da Universidade de Coimbra. Membro do Observatório Lusófono de Direitos Humanos da Universidade do Minho e do Observatório para as condições de vida e trabalho OCVT/ UNL. Orcid: 0000-0002-9417-3871. E-mail: maruchoa@gmail.com.

\*\* Doutor em Ciência Política, afiliado ao ECOSOC do Centro de Estudos Sociais da Universidade de Coimbra. Mestre em Ciência Política e em Economia Geral, ambos pela Universidade de Ghent. Pós-Graduação em Estudos Avançados da Democracia no Século XXI pela Universidade de Coimbra. Orcid: 0000-0002-3789-9684. E-mail: jonas.vanvossole@gmail.com.

reproduction occupies a central place in society, since without it no society could endure for long. Its existence fosters everything from culture to the economy to political organisation itself.

In this research, we will demonstrate how the crisis in capitalist society has instrumentalised public care policies, triggering a crisis of social reproduction in a broader sense.

To this end, we will discuss in this article the recent legislative changes relating to the new Statute of the Informal Carer in Portugal<sup>1</sup> and the recent Bill filed in Brazil<sup>2</sup> which proposes to establish a National Care Policy, as two points of reference for an important discussion on care policies, capitalism, well-being and the sexual division of labour.

In the first part of this article, we will analyse the context and legal details of the new statute proposed in Portugal, as well as some of its limitations. To this end, we contextualise the legal change in the political, economic and historical landscape of care. Although at first glance the implementation of this statute sets out a progressive agenda (guaranteeing legal protection and recognition to informal carers), we argue why this legal change is still problematic and limited.

Secondly, we explain the foundations behind the recent proposal to implement a National Care Policy in Brazil, which aims to guarantee the rights of both those who need care and those who care for them, with special attention to gender, racial, ethnic and territorial inequalities. It also proposes to encourage the changes needed for a more equal division of care work within families and between the community, the state and the private sector. Given that it is still a draft law, we will only make a comparative and reflective measure of the preambles that support such implementations, as a necessary exercise to understand the political gaps that tension this type of law implementation and its effectiveness.

Finally, we will focus particularly on the relationship between care and the sexual division of labour, which tends to delegate the unpaid work of social reproduction to women. We will then analyse the care relationship in the context of the welfare state and its disappearance. Finally, we will look at how economic crises under neoliberalism affect care and law, as well as potential alternatives to care in crisis.

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1 PORTUGAL, 2019.

2 BRASIL, 2024.

## 2. The Statute of the Informal Carer in Portugal

In Portugal, it was during the pandemic crisis<sup>3</sup> that the country felt the need for a care policy even more urgently, and the official publication of the care statute was made during this period. With less than 10 million inhabitants in Portugal, the number of informal carers was actually estimated at around 1.4 million, according to a survey carried out by the National Association of Informal Carers. The number increased during the pandemic, due to the lack of social responses, the isolation of care institutions, the closure of schools, crèches, etc., practically doubling the number of citizens caring for dependent people.

Even before the start of the pandemic, the problem was already being discussed in Parliament in an attempt to implement the so-called Informal Carer Statute. Initially, the legislative proposal aimed to create a legal framework that would benefit people who spent their lives caring for family members and those closest to them. In an attempt to resolve these carers' difficulties in making a living, it was proposed that there should be a financial subsidy, as well as the guarantee of certain social rights. The measure was supported by the left-wing parliamentary majority, made up of a Socialist Party minority with support from the Communist Party and the Left Bloc. In addition, right-wing parties such as the CDS-PP and PSD also made various contributions to the new statute from a Christian charity perspective.

The result of this mobilisation was the implementation of the Informal Carer Statute in September 2019, which was published as an annex to Law 100/2019<sup>4</sup>. The ordinance defined the terms and conditions for setting up the pilot projects provided for in the Statute and was officially published in the *Diário da República* on 10 March 2020, during the first wave of the COVID-19 pandemic. By informal carer, the law means a person who provides assistance to a person in a situation of dependency, due to some kind of disability or limitation. This support can be understood as helping with daily tasks such as providing food, transport, support with hygiene and medication, etc. This work is hegemonically gendered, since most of these carers are women who do this work exclusively, and others are overburdened by the accumulation of tasks, in an attempt – often unsuccessful – to reconcile professional life and caring for the rest of the family.

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3 UCHOA, 2021.

4 PORTUGAL, 2019.

### 3. Limitations and challenges

The limitations can already be identified in the very concept of who the law establishes as an informal carer. According to the Practical Guide to the Statute<sup>5</sup>, the carer must always be the spouse or unmarried partner. Direct relatives up to the fourth degree of the person being cared for are also eligible, as are people who are not related but who live in the same household. This restriction is not only limiting, but is also part of a typical framework that reiterates the logic of capitalist reproduction, where the role of the family and even of femininity largely involves giving to others. Here, the very sense of identity and social recognition is permeated by the sense of giving one's life to others, in a logic that operates above all in the private domestic environment in the traditional conception of the family<sup>6</sup>.

Since its legislation, the statute has been confronted with some implementation problems. The statute, for example, theoretically provides for support measures for informal carers and their referral to social support networks, but neither these referrals nor the support measures have been defined, nor has it been established how they will be implemented. It is important to note that although the definition of social support networks is attached to Ordinance 2/2020<sup>7</sup>, the regulations on providing information or referrals have not yet been implemented. As a result, four years on there is no forecast as to when and how measures will be implemented to support informal carers, most of whom are just family members of the people in need of care and have no technical training to carry out this role.

Another significant challenge is the mention of training in Article 4, which establishes the generic requirements for informal carers. The Statute does not oblige and/or guarantee that the person assisting someone else needs any training in the provision of care in order for their status to be recognised, either before or at the same time as taking on the role of carer. Although it was hoped that a qualification would be necessary to guarantee the quality of the correct and safe provision of care to people in need, the statute only sees it as something that can benefit the work of the carer, and not as a necessity.

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5 PORTUGAL, 2024, p. 6.

6 OROZCO, 2014, p. 168.

7 PORTUGAL, 2020.

From a legal point of view, although the statute recognises that a main informal carer may be entitled to unemployment benefit, it is contradictory to the specific requirement prohibiting any kind of unemployment benefit from another source of work<sup>8</sup>. This implies that if the main informal carer, who is entitled to unemployment benefit, ceases to work, they must renounce their benefit status in order to receive any benefits.

Despite the broad political support for the measure, in this article we take a critical view of this legislation, which we categorise as a palliative rather than preventative care policy. We believe that promoting and approving the Informal Carer Statute ultimately amounts to legally accepting the state's lack of responsibility for healthcare and guaranteeing the quality of life of a growing, ageing and dependent population.

The transfer of care responsibilities from society to the family is profoundly reactionary. Behind the measure is the patriarchal logic of the family as a place for reproducing the labour force. Thus, as well as being ineffective in effectively implementing the necessary care and guaranteeing the rights of carers, it fundamentally devalues the collective and socialised management of reproductive responsibilities and tasks.

The law appeals to a romanticised and supposedly affective nature of domestic work and care. By romanticisation, we mean the use of a narrative that presents itself in a more attractive way than factual reality. In *Critique of the Ethics of Care*, Stacy Clifford Simplican<sup>9</sup> argues that some care theorists, such as Eva Kittay, tend to romanticise human abilities to maintain relationships. For Simplican, Kittay romanticises care when she portrays loving experiences of care, thus obscuring the daily struggles and conflicts of carers and dependents. Thousands of people, especially women, live in despair and waste their lives, being held hostage by the state's lack of responsibility towards dependent people. It is also important to note that the majority of the working poor, without the resources to hire private care, are at the mercy of this romanticised bias.

According to economist Amaia Pérez Orozco<sup>10</sup>, the neoliberal political and economic system has fostered what she calls a “reactionary ethics of care”, sustained by a capitalist logic that has propagated a culture of domestic

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8 APAV, 2020.

9 SIMPLICAN, 2017.

10 OROZCO, 2014.

labour with a moralistic bias, disconnected from the real meaning of life:

La imposición colectiva de una lógica de acumulación no solo niega la responsabilidad colectiva en el sostenimiento de la vida, sino que la convierte en residual, subyugada e infravalorada. La única forma de asegurar que haya sujetos dispuestos a quedarse a cargo de semejante marrón es obligarles a ello, ligar la construcción de su identidad con el sacrificio por el resto. Sometida a la presión de la lógica de acumulación, no es posible una lógica del cuidado; la vida se mantiene a través de una dañina ética reaccionaria del cuidado<sup>11</sup>.

Ironically, efforts to create an Informal Care Statute, as in Portugal, could be included in this initiative to further privatise the remnants of the welfare state in a period of crisis. In Portugal: Um Retrato Singular, sociologist Boaventura de Sousa Santos<sup>12</sup>, explains the country's permanence on the periphery of Europe as the equivalent of a Global South in the Global North. This position of ambiguity highlights the epistemologies of the South and the North. Wage relations and social welfare in semi-peripheral regions like Portugal explain many of the contradictions and intersections between the hyperlocal and the transnational. This reflects a combination of World-System dynamics and regulations applied to local realities. The Portuguese welfare state was only implemented after the 1974 revolution, at a time when the rest of Europe's welfare states had already gone into recession. Public care was therefore always less effective than recognised in the constitution. Santos attributes this to the existence of a certain "flexibility" in care in Portugal during periods of crisis, where the existence of informal social networks and families – particularly in the countryside – tend to compensate for the failure of the state. Even now, at a time when states have refrained from investing in public care institutions, the Informal Care Statute institutionalises a privatisation of care practices in the family sphere, which was already present.

These contradictions go a long way towards explaining the maintenance and acceptance of public policies that are still so "rudimentary" in terms of domestic labour and the outlook towards the care sphere as a whole. The management and applicability of Law No. 100/2019, which establishes the

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11 OROZCO, 2014, p. 171.

12 SANTOS, 1993.

Statute of the Informal Caregiver<sup>13</sup>, makes us reflect on how the romanticisation of care is responsible for keeping women in caregiving roles, while at the same time removing from the state the responsibility to provide citizens with the means to lead a more dignified life. Instead of romanticising this position as a form of solidarity, a critical perspective must recognise it as a return to a peripheral condition of primitive accumulation.

#### 4. Brazil: Towards a National Care Policy

With the aim of guaranteeing the rights of both the people who need care and those who care for them, as well as promoting the necessary changes for a more equal division of care work within families, the Presidency of the Republic of Brazil has sent the bill establishing the terms for the implementation of a National Care Policy in the country to be processed and voted on in the National Congress.

A Working Group of 20 ministries was responsible for drawing up this unprecedented policy in Brazil. The bill, which involved the participation of states, municipalities and civil society, as well as international organisations, recognises the political and socio-economic importance of care work and the co-responsibility of society and the state in this process. In an interview on the Federal Government portal<sup>14</sup>, Minister Cida Gonçalves emphasised the importance of the measure in raising awareness of the importance of reducing the time women spend caring. Not only through actions by the federal government, states and municipalities, but also by sharing the demands of caring with men so that this work doesn't fall solely on women.

The results of the Interministerial Working Group (GTI) survey diagnosed that the current supply of care guaranteed by the public authorities, and its reception and access, has not been able to equitably meet the care needs of the population, and demonstrates a noticeable gender overload.

According to the Secretary for Economic Autonomy and Care Policy at the Ministry of Women, Rosane Silva<sup>15</sup>, approximately 30 per cent of women who had to stop looking for work in 2023 did so because they had to reconcile their time with domestic and care work. The percentage could

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13 PORTUGAL, 2019.

14 BRASIL, 2024.

15 BRASIL, 2024.

be even higher, since most of these women work intermittently, without any kind of social protection. Even in the face of precariousness, they submit to this type of work in order to cope with the various demands.

In the case of women who have children between the ages of zero and three, the percentage of women who abandon their careers can reach 62 per cent.

As well as recognising the importance of social and gender co-responsibility in care tasks, the bill establishes care as a human right that must be guaranteed to all people. Its implementation is expected to take place progressively, organised according to priority groups. The aim is not only to guarantee access to quality care for those who need it, but also decent work for paid care workers and a reduction in work overload for unpaid carers.

Ordinance 3681, which establishes the National Palliative Care Policy<sup>16</sup> within the Unified Health System (SUS), states in its Article 21 that palliative care should be offered in conjunction with various other health and intersectoral policies, in order to ensure:

- I – effective and timely care;
- II – economy of scale and definition of scope;
- III – quality, effectiveness, sustainability, continuity, and coordination of care;
- IV – supported self-care, disease prevention and early diagnosis.

If implemented correctly, the National Care Policy has the possibility of providing a much fairer and more equitable public policy process than the Portuguese Statute<sup>17</sup>, and not only. The implementation of a new law provides important opportunities for civil society: to raise awareness, educate and effectively open up the public debate to reflection, demanding neglected or even forgotten agendas.

The constantly postponed public reflexive action on the issue of care is justified, and it was in this interregnum of omission and apathy that neoliberalism found its road paved. The pandemic was a clear example in many countries, where governments often refused to intervene in industrial production, while outsourcing fundamental services to public management. Suffice to mention how vaccination programmes were totally dependent on private pharmaceutical companies, with intellectual property (patents) being prioritised over free access for poor countries.

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16 BRASIL, 2017.

17 PORTUGAL, 2019.



Objective necessity has made care prone to generating profit for certain individuals and large corporations. Most of the political and economic measures enacted in response to the pandemic crisis had this objective.

It was after the example set by the pandemic and in the fight to contain the industrialisation of public resources that MP Sâmia Bomfim, president of the PSOL caucus and rapporteur of the PL in the chamber, presented a bill to guarantee resources for the National Care Policy. In her social media posts, the MP reminds us that “a public policy without resources will never get off the ground”.

## 5. The example of Constitutional Amendment 72

Known as the Domestic Workers’ PEC, Constitutional Amendment 72<sup>18</sup>, published in April 2013 and just over 10 years in the making, still faces many challenges in the fight against informality. The result of years of struggle by the working class involved in domestic work, an occupation that in Brazil has clear gender and racial traits, was an important step forward that brought equal labour rights. More than ten years later, the number of registered domestic workers is still much lower than the number of informal workers.

The National Household Sample Survey<sup>19</sup> (PNAD), carried out by the IBGE (Brazilian Institute of Geography and Statistics), by January 2023 recorded that there were approximately 5.9 million domestic workers in the country. Of these, around 4.4 million are informal, i.e. three out of four work without labour rights, in a regime without the protection and benefits offered by the Consolidation of Labour Laws (CLT).

However, even though the number of day labourers and other informal workers has grown in recent years, the scenario differs from the mass layoffs imagined by critics of the proposal 10 years ago. Reflecting on the effectiveness and challenges is also to recognise that these changes represented an important achievement for domestic workers, who have historically faced precarious working conditions and a lack of recognition of their rights. Constitutional Amendment 72 was a critical step towards reducing social inequality and exploitation in this professional category, but also towards reflecting on the devaluation of care work.

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18 BRASIL, 2013.

19 IBGE, 2023.

The Brazilian example of the PEC for domestic workers was an essential step opening up the need to establish a National Care Policy that reflects even more broadly on the rights of those who are cared for, but also of those who provide care in the broad sense that this word encompasses, enabling the creation of a concept of care that does not imprison, but frees.

## 6. Care in the capitalist crisis

Feminist theory has long treated the accumulation of capital through expropriation as an important mechanism socially guaranteed by capitalism. This phenomenon becomes even more noticeable in periods of crisis, when markets need to expand beyond the limits of the socio-economic structure in order to compensate for their losses. The philosopher Jürgen Habermas<sup>20</sup> reminds us that since the establishment of the welfare state, capitalist crises have been expressed through transfer mechanisms, either through a fiscal crisis or a social crisis.

In this context, assistance activities, whether public or private, are the first to be hit. A fiscal crisis always tends to cut structural social services in order to cut costs. A good example was the Euro crisis, following the global financial crisis and the subsequent austerity measures that led to a reduction in public spending in basic areas such as education, health, etc. In this context, the increase in informality and unpaid work has taken over the space once occupied by public services that the state no longer provides.

At the same time, the deterioration of living conditions is even more noticeable, having a negative impact on health and increasing the need for care, while at the same time domestic labour conditions are worsening considerably. This increase becomes more evident, for example, with cuts in public spending on caring for dependants and children.

For Antonella Picchio<sup>21</sup>, livelihood strategies in the context of the crisis suggest to many families that well-being does not depend exclusively on the situation of their members in the labour market, but rather on a complex network of numerous activities. In the context of globalised production, the reproduction of the working population remains local, which makes it

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20 HABERMAS, 1975.

21 PICCHIO, 1999, p. 225.

easier to disguise the growing tensions between production and reproduction, “even when their effects are dramatically visible”<sup>22</sup>.

However, it’s important to note that the social welfare model, which was only fully implemented in Western Europe after the Second World War and which included issues such as the right to health, through national health services, moving away from the voluntary religious bias, is not a context that fully applies to semi-peripheral countries within Europe itself, such as Portugal, nor to peripheral countries, such as Brazil. In these cases, the logic of reproduction is even more aggressive, with the implementation of universal social rights based on a lot of popular mobilisation, or even, in the Portuguese case, at the cost of a social revolution.

Beyond the specificities of each country, the fact is that from a global point of view the introduction of the right to health through national health systems and the expansion of hospitals has not only relieved many women of the tasks of looking after family members at home, but has also made it possible to increase the quality of care through scientific advances, even though over the years they have always been criticised for their effectiveness. A problem that arises precisely because women and families fill the gap left by the difficulty of access. For this reason, Pérez Orozco<sup>23</sup> argues that it is of fundamental importance to demand that the state take responsibility for the so-called “fourth pillar” of the welfare state, which is assistance in situations of dependency.

If, from a feminist point of view, it has historically been important to question the extent to which the welfare state has effectively guaranteed protection against the risks of diminishing social guarantees when paid work ceases to exist, what are we to think of the semi-peripheral and peripheral countries, where this welfare state has rarely existed or lives in constant imbalance?

The exercise of this reflection requires us to think about the end of the family as we know it. To what extent can women in their families stop doing free labour without the people who need their care losing quality of life? This aspect can be interesting when we reflect on the need to interpret welfare systems as a set of “home-market-state” spheres that require resources. For Pérez Orozco<sup>24</sup> it is possible to say that these spheres could be more (de) commodified and (de)familiarised.

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22 PICCHIO, 1999, p. 225.

23 OROZCO, 2014, p. 130.

24 OROZCO, 2014, p.131.

Taking the capital-life conflict seriously requires recognising that capitalist markets are at the centre of this debate and that there is a clear lack of collective structures to guarantee life-sustaining processes. In this sense, it is valid to say that the responsibilities assumed by the welfare state in this regard are not only partial and incomplete, but extremely fragile. At times of high political tension, markets inhibit the existence of collective responsibility, transferring responsibility to intimate networks, families, with private means available, which are often insufficient. Responsibility is privatised in this respect because it remains within the private domestic sphere, where it remains invisible<sup>25</sup>. Everything that is structured on the basis of the capital-life conflict continues to be based on the sexual division of labour. Living under capitalism means maintaining this mechanism of subjection.

This situation means that the ethical and political situation itself is colonised by capitalism in order to limit our creative capacities in the game of accumulation.

A popular reference on the subject of capital accumulation and gender in history is the theorist Silvia Federici<sup>26</sup>. In “Caliban and the Witch” she argues how the terror sponsored by the great witch hunts of the 16th and 17th centuries played an important role in the disciplining and alienation of women within modern capitalism. In addition to Federici, other Marxist theorists such as Maria Mies<sup>27</sup> and Harvey<sup>28</sup> argue that the subjection of women to the reproduction of the labour force was the third pillar of primitive accumulation. Under this continuous logic of capital, “primitive accumulation”- which is not primitive at all - is established as a continuous logic of the accumulation of use value through violence on the borders of the capitalist system<sup>29</sup>.

For Federici<sup>30</sup>, procreation must be approached as a historically determined social activity, permeated by various interests and power relations. Witch hunts, as well as the subsequent maximisation of gender differences through stereotypes of femininity and masculinity, were necessary to conceal

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25 OROZCO, 2014, p.132.

26 FEDERICI, 2004.

27 MIES, 2014.

28 HARVEY, 2005.

29 VAN VOSSOLE, 2023.

30 FEDERICI, 2004, p. 91.

unpaid work. Without this differentiation, capitalism could not have vastly expanded the unpaid part of the working day.

Women's labour, like that of peasants, colonials or other "non-capitalist economies", as Rosa Luxemburg<sup>31</sup> called them, is available "for free" like nature. Under capitalist patriarchy, the female gender is not the result of congenital male misogyny, but a structural necessity for the process of capital accumulation.

## 7. In defence of the socialization of care

It was Angela Davis who courageously took up an old debate in the theory of social reproduction and proposed the complete socialisation of care work as the only path to the anti-capitalist emancipation of women. She then asks a question that seems fundamental to us: "If it were possible to simultaneously liquidate the idea that domestic work is women's work and distribute it equally between men and women, would that constitute a satisfactory solution?"<sup>32</sup> Davis' question reminds us that although the popularity of the "desexualisation" of domestic work has emerged as a major advance within the feminist debate, the practices are ineffective in terms of their ability to change the oppressive nature of the work itself within the capitalist system. In short, Angela Davis emphasises that neither women nor men should waste their time on work that they don't find stimulating or productive.

Another question then arises: why is there such a lack of interest in radically redefining the nature of domestic and care work? The answer probably lies in the fact that the capitalist economy seems to be structurally hostile to the "industrialisation" of domestic work. The main reason is that maintaining the logic of accumulation by expropriation, of the violent theft of free labour (similar to what happened for so long through the maintenance of colonies and slavery) contributes to a gratuitous increase in profits. Ecofeminist academic Ariel Salleh<sup>33</sup> has called caring tasks – such as looking after children, caring for the elderly, caring for the forest – "meta-industrial" labour. This type of labour does not produce exchange value, but rather a "form of metabolic value" that flows through and sustains the essential

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31 LUXEMBURG, 2016.

32 DAVIS, 1983, p. 223.

33 SALLEH, 2019.

bio-infrastructure of the capitalist system. She argues that, by global population figures, meta-industrialists make up the global majority of workers.

Another reason is that people who depend on care – excluding those who are wealthy enough to hire full-time employees – are generally not the wealthiest clients. Commercialising most care work would result in little profit. Like all unprofitable businesses, it is anathema to the capitalist economy. It is often the government that has to intervene in such cases. But if care work is socialised, this usually implies the need for large government investments to guarantee access to working-class families, whose need for such services is most evident.

The abolition of domestic labour as the private responsibility of individual women is clearly a strategic goal of women's liberation. But the socialisation of domestic work – including meal preparation and childcare – presupposes an end to the reign of profit over the economy. The only significant steps towards ending domestic slavery have actually been taken in existing socialist countries. Furthermore, under capitalism, campaigns for jobs on equal terms with men, combined with movements for institutions such as subsidised public healthcare, contain explosive revolutionary potential.

Society must provide free collective cleaning services, collective canteens, nurses who accompany patients home, crèches, while at the same time offering quality jobs and decent wages for the people who work in these care services – equivalent to other economic sectors of society.

Only when the socialisation of care work is a reality, and the relationship between care and love is not a necessity, will we be able to achieve true emancipation for those who care and establish free and healthy relationships with those who live in, or are in, situations of dependency.

## 8. Conclusion

In this article, we have argued that the capitalist economic system needs socio-productive activities for its own maintenance, although this is often not so obvious. The way the capitalist economy behaves towards the tasks of providing and caring that produce and maintain social bonds is often parasitic. The work of generating lives, educating and socialising children, as well as caring for the elderly and people with some kind of dependency, the affective dispositions, but also the value horizons that support social cooperation in capitalist societies, remain largely outside the labour market.

Unpaid reproductive activity is necessary for the existence of labour to be constituted in capitalism as a necessary instrument for the accumulation of surplus value and the functioning of capitalism as such.

In this research, the case study of public care policies recently implemented in Portugal and Brazil provided an important reflective exercise on the challenges of changing the mentality of what we understand as care and its value in the peripheries and semi-peripheries of the world, as in the case of both countries.

We understand that Brazil, even though it retains numerous marks of a capitalist semi-periphery and has an extensive colonial heritage in its customs, has sought to establish laws that seem more inclusive in terms of public care policies than the Portuguese case.

The analysis also assumes that the “crisis of care” is inherent to the very aggravation of the capitalist social contradiction that exists today. If this statement is correct, the answer to this crisis will not be found through palliative social policies. The path to change involves a structural, systemic transformation of the social order as we know it.

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**RESUMO:** Este artigo faz uma abordagem crítica à evolução recente das políticas de cuidado em Portugal e no Brasil, focando nas mudanças estatutárias e legislativas destinadas ao trabalho de cuidado e suas implicações socioeconômicas. Começando com uma discussão, inspirada pelo feminismo marxista e a Teoria de Reprodução Social sobre a crise do cuidado, enfatiza as tensões emocionais e sociais de equilibrar família e trabalho dentro do capitalismo, destacando o quão essencial – embora muitas vezes não remunerado – o trabalho de reprodução social, predominantemente realizado por mulheres, é para a sociedade. O artigo se concentra em dois estudos de caso: A análise do Estatuto do Cuidador Informal de Portugal revela intenções de reconhecer e apoiar legalmente os cuidadores informais, mas também suas limitações, como definições restritivas, implementação inadequada e perpetuação de papéis de gênero, efetivamente privatizando o cuidado dentro da unidade familiar. A abordagem do Brasil, embora ainda em estágios legislativos, parece criar uma política de cuidado equitativa e mais avançada, promovendo uma abordagem coletiva, uma divisão equilibrada do trabalho e abordando desigualdades de gênero, raça e território. Em um apelo por reconhecimento, compensação justa e apoio aos cuidadores, enfatizamos a necessidade de responsabilidade coletiva pelas políticas públicas de cuidado.

**Palavras-chave:** Cuidado, Cuidador Informal, Teoria da Reprodução Social, Brasil, Portugal.

**ABSTRACT:** This article takes a critical approach to recent developments in care policies in Portugal and Brazil, focusing on statutory and legislative changes aimed at addressing care work and its socioeconomic implications. The article focuses on two case studies: Portugal's Informal Caregiver Statute, which intends to legally recognize and support informal caregivers but has limitations, such as restrictive definitions, inadequate implementation, and perpetuation of gender roles, effectively privatizing care within the family unit. Brazil's approach, which although still in the legislative stages, on the other hand, aims to create an equitable and more advanced care policy, promoting a collective approach, a balanced division of labour, and addressing gender, racial, and territorial inequalities. In a call for recognition, fair compensation, and support for caregivers, we emphasize the need for collective responsibility and public care policies. Inspired by Marxist feminism and Social Reproduction Theory, we end by discussing the crisis of care, affirming the emotional and social tensions of balancing family and work within capitalism. It highlights how essential – albeit often unpaid – social reproduction work, predominantly performed by women, is for society.

**Keywords:** Care, Informal Caregiver, Social Reproduction Theory, Brazil, Portugal.

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